



California's Health

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HOSPITAL "FIELD TRIP" HOLDS INTEREST FOR YOUNGSTERS

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In view of the attention drawn toward mental health in today's approach to serving a balanced health curricula to school children, we grasped with interest at the book "A Visit To The Hospital,"* when it was shown at a meeting of our school nurses. Here was something that might be a beginning toward preventing that dreaded situation, the frightened child in the hospital.

All nurses, at some time during their hospital experience, have needed to meet this unhappy situation and found themselves at a loss for tools or methods that would ease the child's fears. To most of us the thought has also occurred, since memories are what our lives are made of, will this fear persist? Will it return, when as an adult some accident or illness brings him back to the hospital? Is he that unhappy recalcitrant adult patient that blocks his own progress toward recovery?

How can we, as school nurses, help children to learn that the hospital is a friendly place? What age group would be most receptive to the philosophy of the book? What follow-up could we do to help develop a better and lasting understanding of the hospital's function in the community? Without precise answers to any of these questions, the group decided that each of us would be able to find within her schools some teacher who would be willing to present the book to her class. My own experience with this project is what I am here attempting to set down.

The modern building of the Fort Jones Elementary School is in a small

Currently available publications on hospitalization of children have been selected by the Bureau of Maternal and Child Health and the Bureau of Crippled Children Services of the State Department of Public Health. These are listed at the close of this article.

town located in one of the northernmost valleys of California. It was here that I approached Mrs. Fowler, the teacher in the second grade classroom, and gave her the book.

The book was not destined to lie on a shelf; in fact, it was read within a week and with such interest that the entire class wanted to keep it another week and read it again. On my next visit I asked the children if they would like to visit a hospital. The response was practically a shouted yes!

Hospital Visit Planned

Mrs. Fowler, the school bus driver, the principal, and I decided that if the class boarded the school bus shortly after 9:00 some morning, considering the 45 minute drive to and from Yreka (over the mountain pass) and an hour to visit at the hospital, they could be back at the school before noon.

That evening, on my return to Yreka, I met with Mrs. Weed, Director of Nurses at the County Hospital, to discuss our plans. She approved immediately and suggested that I use a room in the new section of the hospital. Before I left we had agreed on the date and time, I had her permission to use any equipment I thought

might be understood by the children, and she even promised to look in while the class was visiting.

Mrs. Fowler sent mimeographed notes home with the children, telling the parents of the proposed field trip. All of the notes were returned to Mrs. Fowler with signed permission, except one. This particular note was in the possession of one small boy who had spent a few days in the hospital the previous summer undergoing surgery for an acute appendix. He said that he had seen "enough of hospitals" and did not care to go on the field trip. However, when the day came, the other children's enthusiasm was so infectious that he also caught the fever, gave the teacher his note and climbed on the bus with the crowd.

Hospital Preparation for the Visit

I was at the hospital at 8:30 the morning of the field trip, thinking that an hour would be sufficient to gather the necessary things to show the children, but today was indeed "my day" to learn many things.

The new wing of the hospital is used for the elderly folk of our county. It is very colorful and pleasant, both in decor and arrangement. There is a comfortable sitting-room up front where the ambulatory patients gather to watch television, sit by the glowing fireplace, or just look out the big front windows and watch the highway traffic go by.

All of the rooms in this wing contain two beds, and much to my dismay, there were no vacant ones. I just couldn't disappoint the children. The other section of the hospital was out of the question as they were filled to

* See first item in reference list.

capacity, and everyone over there was hustling to keep up with the demands of the day's full surgical schedule.

I walked down the long hall wondering what to do, then inspiration! There I saw two elderly ladies walking about in their room, maybe they could help. Sure enough, they didn't mind at all going into the television room for the morning. Actually, they appeared to feel as though they were taking part in a pleasant conspiracy.

Things moved fast in that little room during the next few minutes. Fresh linen and pink spreads were put on both beds, the ladies' treasures were moved from the bedside tables to the clothes closet for safe keeping, clean utensils and towels were placed in the bedside cabinets, and both the room and its small bathroom were tidied. One bed was cranked to sitting (Fowler's) position and the side rails raised, the other bed was left flat. Then a thoughtful nurse aide rolled a wheelchair into the room and helped me gather together a number of things that might be used during any hospital illness.

As I looked at my watch and saw it was only 9:40, I know I said a prayer of thankfulness that my practice as a student nurse many years ago made it possible to move so quickly and have everything fall into its proper place without hesitation. This room was ready for "top brass" inspection.

The Children's Arrival

I was waiting on the curb as the bus drove up with the children and aware that the elderly patients were gathered around the windows watching the arrival with much interest. Our first stop after entering the hospital was to visit them in the big sitting room. The welcoming smiles of the elderly folks seemed to put the children at ease, and the children were pleased with the home-like atmosphere of the sitting room. What is this magical communication of the very old and the very young? Do not they, and we, lose something intangibly valuable in the modern day tendency to separate these two groups? We left them with a promise to see them again in a while.

The class passed quietly down the hall to the room that had been prepared for them, and on the way, looked into rooms on either side. I was truly taken by their sympathetic comments about the "sick people."

Demonstrations and Discussion

Twenty youngsters can just about fill a two-bed hospital room, but luckily, the wheelchair was the first thing to take their attention, so after demonstrating its usefulness and removing it from the room, the situation was somewhat eased.

Their familiarity with the book, "A Visit To The Hospital" set the pattern for the following demonstrations and discussions: admission to the hospital, getting into the hospital bed or crib, the need for side rails as the bed is different and higher than those at home, the patient's gown and how it is worn backwards. Mother and daddy will go home; the nurses and doctors look after us while we are here; we can call on them at any time by pushing this little button; and mother and daddy can visit us.

They watched carefully when I showed them how to use the tooth brush, water glass and the kidney shaped basin for mouth hygiene. And the bed pan! We had a new small size stainless steel one to show them. I would like everyone to know how those young people were actually *pleased* to learn that the most elementary of needs could be cared for so simply.

Acceptance, approval, interest, all were growing in leaps and bounds before my eyes. Just as I reached for the stethoscope, the small boy who had been reluctant to come on the trip asked if he could explain it to the class. After giving him due credit for his greater experience, we went on with the demonstration of the blood pressure cuff, otoscope, ophthalmoscope, tongue blade and flashlight, and the thermometer.

The caps and masks the doctors and nurses wear in surgery came in for quite a bit of conversation. Also, that sometimes the patient needs a mask in surgery too. It is cone-shaped and will smell funny, and make you sleepy. Right away the question came, "Is that the way my doctor will put me to sleep when he takes out my tonsils next March?" And the answer, "Yes, and when you awake you will be in your room and the operation will be over. Your nurse will crank your bed up to sitting position for meals when you are recovering, and here is the table she will place over your lap for mealtimes." All of the children agreed that it would be fun to have meals served on the attractive pastel-colored table.

Mrs. Weed and some of her staff came in at this point to see how we were getting on. The children were impressed by their friendliness and responded pleasantly to introductions.

After a stop at the T.V. room to say our goodbyes to the elderly, the children, waving happily, boarded the bus for the return trip.

Immediate Outcome of the Visit

Later, when I thanked Mrs. Weed for the splendid cooperation of the hospital staff, she remarked that she thought the children's visit had been a step forward and that she hoped more classes would come and get acquainted.

On my next trip to Fort Jones Elementary School, I visited my friends in the second grade classroom. Mrs. Fowler asked the children to show me some charts they were making. I proudly inspected these colorful free-hand drawings on large sheets of poster paper. The subjects: two hospital beds, one flat and one in sitting position, complete with cranks; an over-the-lap table for mealtimes; a wheelchair; and a stethoscope.

When I reported this field trip at the next meeting of school nurses they all agreed that here was real appreciation of the hospital as an important unit of the community. We feel sure this class, with their new understanding of its usefulness to them, have developed a friendly and acceptable attitude.

REFERENCES ON HOSPITALIZATION OF CHILDREN

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- Blake, Florence G. *The Child, His Parents, and the Nurse*, Philadelphia, Lippincott, 1954. \$6.00.

Pamphlets

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- Mohr, George J. *When Children Face Crises*. (Better Living Booklet).

Ross, Helen. *Fears of Children*. (Better Living Booklet).

The three pamphlets above are available from Science Research Associates, 57 West Grand Ave., Chicago 10. 60 cents each.

Canada. Dept. of National Health and Welfare. *Preparing Your Child For Hospital*. Ottawa, Canada, Department of National Health and Welfare. 5 cents.

Illinois. Department of Public Welfare. *You and Your Child* (Series of three leaflets entitled "Getting Sick", "Going to the Hospital", and "Getting Well"). Springfield, Illinois, Department of Public Welfare, 1955. 10 cents per set.

The Canadian and Illinois pamphlets may be purchased from Mental Health Materials Center, 1790 Broadway, New York City 19, New York. A minimum order of 10 copies is required for "Preparing Your Child For Hospital", and all orders of less than \$3.00 must be accompanied by remittance.

Articles

Frank, Ruth. "The Frightened Child". *American Journal of Nursing*, v. 51, p. 326-328. May 1951.

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Peto, Marjorie. "Communicating With Little Children". *American Journal of Nursing*, v. 57, p. 602-603. May 1957.

Morgan, Mary Louise, and Barbara Joyce Lloyd. "Parents Invited". *Nursing Outlook*, v. 3, p. 256-259. May 1955.

Dr. Van Slyke Retires From NIH

Dr. C. J. Van Slyke, Deputy Director of the National Institutes of Health, has retired from the Public Health Service.

Dr. Van Slyke, who has completed some thirty years' service in the Commissioned Corps of the PHS, was appointed the first Deputy Director of the Institutes a year ago, after having served as Associate Director since 1952.

Dr. Kenneth M. Endicott, presently Associate Director (for training programs) will be given additional responsibilities involving the program of grants for medical and biological research.

The 1960 White House Conference On Children and Youth

California plays a prominent role in The 1960 White House Conference on Children and Youth to be held in Washington, D.C., March 27 to April 2, 1960. The National Committee, appointed by President Eisenhower, is headed by Mrs. Rollin Brown of Los Angeles and includes as other California members Danny Kaye of Beverly Hills, Roy Sorenson of San Francisco, and Ralph Tyler of Stanford. Dr. Donald Howard of Los Angeles, Chairman of Governor Brown's Advisory Committee on Children and Youth, has made important contributions as Chairman of the National Council of State Committees for Children and Youth.

California's own preparation began last March when Governor Brown invited boards of supervisors and mayors to appoint local Committees on Children and Youth and report their recommendations to him. Since then, well over 150 active committees have been formed throughout the State and are currently sending reports to the Governor. A special California Report to The White House Conference is being prepared for the California delegation by the Governor with the help of his Advisory Committee on Children and Youth. The State delegation includes 172 persons selected by Governor Brown, in addition to those Californians who will be representing national organizations on the National Committee.

The California chapters of the American Academy of Pediatrics have been among the most active of the statewide organizations assisting in this preparation. Under the chairmanship of Dr. R. Bruce Jessup of Stanford, their Committee on The White House Conference has conducted a special survey of seven California counties—Fresno, Orange, San Benito, San Francisco, San Mateo, Santa Clara, and Shasta—and has aided the Governor's Committee with preparation of a *California Fact Book on Children and Youth*.

Some of the White House Conference publications are now available for use in preparation for the 1960 Conference or for reference use; others will be published in March and in July. All may be ordered now from: Publications Division, White House Conference on Children and Youth, 330 Independence Ave., S.W.,

Washington 25, D.C. The prices quoted include postage and handling costs. The publications now ready are:

The Nation's Children

(Three volumes) ----- \$6.50
Family and Social Change
Development and Education
Problems and Prospects
Children in a Changing World \$1.50

The next two publications will be ready in March:

State Reports Digest ----- \$1.75
National Organization Digest ----- \$1.75

The findings, recommendations and addresses will be published in July:

Conference Proceedings ----- \$2.50

One copy each of the above publications can be ordered as:

Special White House Conference Library ----- \$11.30

Except for the library package, discounts are available on multiple orders: 10% on 10-24 copies; 15% on 25-99 copies; 20% on 100 or more copies.

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SHELLFISH CONTROL IN THE STATE OF CALIFORNIA *

E. A. REINKE, Chief, Bureau of Sanitary Engineering, California State Department of Public Health

Public health control of shellfish dates back to 1816, when the first recorded epidemic of typhoid fever with oysters as the vectors of infection was reported by the Frenchman Pasquier. At the beginning of this century, it was estimated that 100,000 cases of typhoid, with 25,000 deaths, occurred in France in a period of 15 years.

One of the biggest oysterborne epidemics occurred in the United States in 1924, with about 1,500 cases of typhoid and 150 deaths. Most of the cases were in large cities such as New York, Chicago, and Washington. They were traced to oysters from one source where shellstock was kept in polluted water. This epidemic threatened the entire oyster industry with economic collapse. The industry appealed to public health authorities for help, and in 1925 a conference of representatives of the oyster industry and public health was held and resulted in the development of a nationwide control system which has expanded and is continuing to the present time.

Nationwide Control System

The system includes state control measures whereby each shellfish-producing state presents a list of certified dealers to the U.S. Public Health Service. If the state control measures are satisfactory and acceptable to the Public Health Service, they are included in a list published periodically for the information of the consumer states. As a guide to the degree of control deemed essential, the Public Health Service has prepared the "Minimum Requirements for Endorsement of State Shellfish Control Measures and Certification for Shippers in Interstate Commerce".

In California, all shellfish sold commercially, whether grown in the State or shipped from other states, must come from certified sources.

Disease in California From Shellfish

Since 1925, we have had no major outbreaks of intestinal disease in the State due to shellfish. A few typhoid cases were reported from consumption of native oysters from San Francisco Bay in the "depression years". Also, a few cases have been traced to

Pismo clams gathered from ocean areas near sewer outfalls. But no cases of typhoid have been reported from certified commercial beds. A few cases of illness have been reported from unrefrigerated oysters or from poorly handled supplies in retail markets, but all of these situations, when reported, have been corrected.

California Shellfish Regulations

The current shellfish regulations became effective early in 1956 and are set forth in Sections 7706 to 7762, Title 17 of the *California Administrative Code*.

Certification Required

Section 7706 provides that "Any person, firm or corporation engaged in the cultivating or harvesting of oysters, clams, or mussels for sale to the public for human consumption shall possess a valid certificate issued by the State Board of Public Health".

Shellfish plant certificates are required by Section 7707, which provides that "Any person, firm or corporation operating a plant engaged in culling, shucking, packing or repacking fresh oysters, clams or mussels for sale to the public for human consumption shall hold a valid certificate issued by the State Board of Public Health".

Under the provisions of Sections 5670 to 5674 of the *California Fish and Game Code*, the State Department of Public Health is authorized to examine any area from which shellfish may be taken; determine whether the area is subject to sewage contamination; and determine whether the taking of shellfish from the area does or may constitute a menace to the lives or health of human beings.

The certification program is planned and operated to assure the public that shellfish sold commercially are safe. Certificates are valid for a period not to exceed one year and expire on February 15th of each year. Applications for renewal must be made by January 1st of each year.

Applicants for a certificate must file a written request, accompanied by a detailed description of the shellfish beds or shellfish handling plants and a map showing the location of the beds or facilities. A description of the source or sources of shell or shucked

stock must be filed and also an agreement to comply with each and all of the regulations.

Only shellfish from growing areas in this State that have been approved and have a valid certificate granted by the State Board of Public Health may be sold. Each lot of shellfish from other states must bear a certificate number, designating a certificate of cleanliness and safety, issued by the state department of health of the state in which the shipment originates.

Persons who are infected with or are carriers of organisms of typhoid fever, dysentery, septic sore throat, or certain other communicable disease which might be transmitted through shellfish, or who have wounds or open lesions on exposed portions of the body, may not be employed in the growing beds or shucking, packing, or repacking plants.

A daily record of shellfish received and shipped must be kept, showing kinds of shellfish, designation of the beds from which derived, name of grower, name of shipper and name of consignee. These records must be available for inspection by agents of the State Department of Public Health at all reasonable hours.

Shellfish Beds and Shellstock

Shellfish beds must be located in growing areas not adversely affected by sewage, other wastes, or human or recreational activity.

Shellfish growing in uncertified areas may not be brought into a bed for which a certificate has been issued unless special approval is first granted by the State Department of Public Health. Such approval must be in writing and granted only on condition that the method of transplanting and timing of arrival of shellfish will insure that the transplanted shellfish remain in the approved growing area at least 30 days before harvesting for sale for human consumption. This transplanting area must be in separate portions of the bed and one in which no other shellfish are held.

Shellfish stock must not be cleaned, stored, floated or conditioned in water, the standard of which is not as rigid as that required for shellfish beds.

* Condensed from a paper presented at 8th Annual State-wide Educational Symposium of California Association of Sanitarians, April 6 and 7, 1959, Santa Monica.

Culling plants, benches, floors, storage areas, and premises must be kept in a clean and sanitary condition.

Only shellstock that is reasonably clean and free of mud may be shipped or marketed. Oysters, clams, or mussels which are dead or do not have tight shells may not be shipped or marketed.

Shellstock must be handled and shipped under such temperature as will keep them alive. Each lot of shellstock must be shipped in clean containers such as bags, boxes, or barrels, so as to prevent spoilage or contamination during shipping. Each lot must be plainly marked with the name and address of the shipper, the certificate number of the bed from which oysters, clams or mussels were obtained, and the date of harvest.

Shucking, Packing and Refrigeration

Shucking and packing must be done in such a manner that shellfish are not subject to contamination, are free of mud, and are live when shucked. Shucked shellfish must not remain on the shucking table for more than one hour unless refrigerated at 50 degrees Fahrenheit, or less.

Plant arrangement, floors, walls and ceilings, screening, light, ventilation, toilet facilities, hand-washing facilities, sewers and drains, water supply, and benches and stands must be constructed and maintained so as to be clean and sanitary and in compliance with the State regulations. Similarly, construction of utensils and equipment, wearing of aprons and finger cots by shuckers, use of refrigeration and ice, and the cleaning and sterilization of equipment must comply with regulations.

Refrigeration is very important for maintenance of a high quality product. Unless shellfish are delivered to the consumer immediately on the completion of shucking, refrigeration facilities must be provided, capable of cooling the shucked shellfish to a temperature below 50 degrees Fahrenheit within two hours after shellfish are shucked, and keeping them at this temperature until delivered to the consumer. If shucked shellfish are frozen, they must be kept in a frozen condition until delivered to the consumer. The refrigerator or icebox must have an impervious lining, and the floor graded to drain quickly. An accurate thermometer must be kept in the refrigerator, and it must be kept clean and sanitary at all times.

Shucked shellfish must be packed and shipped either in single-service containers made of clean, impervious materials positively sealed, or in such containers so sealed that tampering with the container can easily be detected. Only clean new containers, or containers previously used for shellfish, after adequate cleansing and bacterial treatment, shall be used. All containers must be stored in a manner that will protect them from contamination. Each can, container or package must bear the name of the shipper, certificate number of the shucking, packing or repacking plant, and date packed. The date may be in code if the code is registered with the State Department of Public Health.

Repacking of shucked shellfish is allowed only if done in such a manner that contamination of the shellfish will not occur, and it must be in compliance with all applicable sections of the State Regulations.

Location of Oyster Beds

Oyster beds now operating under State certificates are located in Morro Bay in San Luis Obispo County, in Tomales Bay and Drakes Bay in Marin County, and in Humboldt Bay in Humboldt County. Most of the beds are on State water bottom allotments made by the State Department of Fish and Game. Recently an allotment was made in San Diego County on the ocean side of North Island. Seed oysters have been planted in the area, and we expect that an application for a shellfish certificate will soon be made.

Quarantine Measures

As mentioned earlier, Pismo clams are gathered by sport fishermen, and in the past, a few cases of typhoid have occurred among persons eating them. On February 24, 1959, the State Board of Public Health quarantined about four miles of beach in Monterey Bay in the vicinity of the Watsonville outfall sewer. Both Monterey and Santa Cruz Counties are affected. The quarantine will continue in effect until new sewage treatment and outfall facilities are installed to serve Watsonville and adjacent communities. It is anticipated that needed improvements will be completed and in operation before July 1, 1960.

For many years, the Director of the State Department of Public Health has annually established a quarantine of all mussels from the

shores of California, extending from the California-Oregon boundary south to California-Mexican boundary, including the Bay of San Francisco, effective from May 1st to October 31st. So-called mussel poisoning is generally due to a small plankton organism, the dinoflagellate *Gonyaulax catenella*, which produces a strong poison in shellfish. Health officers of the Coastal and Bay Counties enforce the quarantine order, post suitable placards in conspicuous places advising the public of this quarantine, and send shellfish samples to the State laboratory.

In the last two years, shellfish poisoning has been reported from oysters in Canada. The States of Washington, Oregon, and California have increased their laboratory work, and in California, the Department of Fish and Game has cooperated in the collection of shellfish samples. We have not as yet found the mytilotoxin content of oysters present in sufficient amount to be of public health significance. However, the experience in Canada is a warning to public health agencies to remain alert to the potential hazard.

California's Oyster Production

California is now reported to be the fifth largest oyster producing state in the nation, and the trend is to further increase production. For commercial production, the State interest is in the establishment and maintenance of safe shellfish beds and the production and delivery of good quality oysters to the markets. Cooperation of local public health personnel is necessary to assure delivery of a safe product to the consumer.

Hearing Rehabilitation Services Shown in New Film

"The Glass Wall," a new film produced by the American Hearing Society through a grant from the U.S. Office of Vocational Rehabilitation, shows the dramatic effects of rehabilitation services for persons with hearing impairment.

Member agencies have been given prints of the color film on a permanent loan basis and it may be borrowed free of charge from them or from the Society's headquarters (919-18th Street, N.W., Washington, D.C.) for showing at meetings or for use on television.

Training Offered for Working With Physically Handicapped

A number of scholarships, fellowships, and financial awards are now being offered for training counselors for the physically handicapped, teachers of lipreading, and graduate students in speech correction, speech sciences, and audiology.

The American Hearing Society is now accepting applications for the 1960 Kenfield Memorial Scholarship to promote recruitment of teachers of lipreading. Winner of the scholarship will be entitled to take a course in methods and practice in teaching lipreading from any school or university in the United States having a course acceptable to the Society's Teaching Committee. Applicants must have graduated from college with a major in education, psychology, and/or speech. Application blanks may be obtained by writing to the Society's headquarters, 919-18th Street, N.W., Washington 6, D.C. Deadline for returning completed applications is March 15.

Alpha Gamma Delta Fraternity and the National Society for Crippled Children and Adults will grant twenty fellowships to qualified counselors, employment interviewers, placement personnel, and other professional persons working with the physically impaired. These fellowships are for specialized training in counseling and placing severely handicapped persons including those with cerebral palsy. The grants of \$300 each cover tuition and a moderate amount of other expenses. The training will be given at the Institute of Physical Medicine and Rehabilitation of the New York University-Bellevue Medical Center, 400 E. 34th St., New York, N.Y., from June 13, 1960 to July 8, 1960.

The Division of Speech Pathology and Audiology, Stanford University, is now accepting applications for financial awards for the academic year 1960-61. Graduate students in speech correction, speech sciences, or audiology may apply for any of the following: Office of Vocational Rehabilitation traineeships up to \$2800, clinical assistantships up to \$2800, clinical internships up to \$3000, and scholarships and fellowships up to \$1200. Anyone interested in these opportunities should write soon to request information and application forms from Dr. Virgil A. Anderson, Director,

Study of Hospital Infections Begun by Department

For more than three years, the California State Department of Public Health has been providing limited consultation services relative to problems of hospital infections. These services have included epidemiologic investigations in hospitals, laboratory assistance for identification and typing of infectious organisms, and provision of a digest and literature search to make available information of value to physicians in the recognition and treatment of hospital infections and the evaluation of control procedures. A summary of these services through July, 1959, reveals that 90 of the 465 Class I general hospitals in California have used this consultation service.

Pilot Study Undertaken

The California Conference of Local Health Officers, concerned about hospital infections, requested that a pilot study be sponsored by the State Health Department to determine if compulsory reporting procedures would enhance control measures.

The Department has complied with this request and has selected seven hospitals from over twenty who volunteered to participate in the six-months pilot study. The hospitals selected include both large and small and private and public hospitals, to a total of 1,200 beds. Reporting will be requested for all hospital infections, including those caused by gram positive and gram negative organisms. In addition, a larger group of hospitals is sending information to the State Department of Public Health on a voluntary basis, using the form developed for the pilot study.

Questions to Be Answered

Three questions which the data accumulated in the pilot study may answer are:

- 1) How much infection is present?
- 2) Where in the hospital is infection found?
- 3) What specific organisms are involved?

It is important to develop a mechanism for measuring the magnitude

Speech Pathology and Audiology, Stanford Medical Center, Palo Alto, California.

Stipends for Graduate Training Available From PHS

The Public Health Service is now accepting applications from professional health workers for graduate training in public health for the 1960-61 academic year.

Congress first established this program in 1956 and extended it last year to operate through June 30, 1964, to help relieve the shortage of trained personnel in public health agencies.

In the President's budget, \$2 million has been requested for the fiscal year 1961 to provide additional training to professional personnel whose skills are needed in modern public health practice and who want to make this field their career.

Over the past four years, more than 2,200 traineeships have been awarded to individuals either directly by the Public Health Service or through grants to public health training institutions. Among the trainees were 158 physicians, 1,167 nurses, 189 health educators, 162 sanitarians, 187 sanitary engineers, as well as considerable numbers of dentists, laboratory workers, nutritionists, and others.

The awards provide stipends for living expenses of the trainees in addition to tuition and fees. Applications should be submitted by March 1, 1960.

and extent of the hospital infection problem on a statewide basis. Such trend and baseline data are essential in order to determine the effectiveness of control measures. The information obtained should be helpful in determining the extent and direction of future surveillance activities.

Further Aid by Department

Within the limits of staff time available, epidemiologic assistance in the investigation of hospital outbreaks of infection will be provided by the Department's Bureau of Acute Communicable Diseases. As an additional aid, limited determinative bacteriology and phage typing of Staphylococci may be done by the Department's Division of Laboratories. These laboratory procedures can only be provided when done in conjunction with an epidemiologic investigation that will lead to possible control of an epidemic situation within a hospital.

Governor's Advisory Committee On Mental Health Meets

The newly formed Governor's Advisory Committee on Mental Health, composed of 37 leading California citizens from all over the State, held its initial meeting on January 15th with Governor Edmund G. Brown at the State Capitol in Sacramento.

The committee, which includes psychiatrists and other physicians, teachers, school administrators, judges, attorneys and other interested citizens, was formed to advise the Governor on matters pertaining to mental health carried out by any department of the State government. Emphasis of the committee work will be cooperation among all State operations of a psychiatric nature, including the operations of the State Department of Mental Hygiene, and programs in the Department of Corrections, Youth Authority, Adult Authority, Department of Public Health and Department of Education.

Los Angeles Superior Court Judge William B. Neeley, chairman of the committee, said at the initial meeting that the committee intended to be a "real working group, not just a talking one. That is why we are leaving today with subcommittees ready to go to work."

"The problems of mental hygiene are of the highest priority with me," Governor Brown told his new advisory body. "Other problems are important, but none appeals to our consciences more than do these."

The three main functions of the committee were set forth as:

- (1) To advise the Governor on matters pertaining to mental health carried out by any department of the State government.
- (2) To work with the directors of departments in their programs and needs.
- (3) To be properly informed concerning the activities of the departments as a basis for interpretation and advice.

Six task-force type sub-committees were formed at the meeting to begin immediate inquiry into the following subjects: Direct services to patients; liaison with non-state organizations and primary prevention; public information and education; research;

Personals

Dr. William H. Clark, Acting Chief, Division of Preventive Medical Services, CSDPH, has been named a member of the Public Health Study Section of the National Institutes of Health, U.S. Public Health Service. This is the group which recommends to the U.S. Surgeon General research grant proposals in the general field of public health practice and in community and epidemiologic studies.

Dr. Edwin H. Lennette, Chief, Viral and Rickettsial Disease Laboratory, CSDPH, was named a member of the Infectious Diseases and Tropical Medicine Training Grant Committee of the National Institute of Allergy and Infectious Diseases, U.S. Public Health Service. This committee is charged with the responsibility of passing upon the merits of grants-in-aid requested for the training of teachers and investigators in this field.

Mrs. Esther Spencer, Chief, Bureau of Public Health Social Work, CSDPH, was elected to the Executive Committee of the National Association of Social Workers.

Miss Christine Mackenzie, Assistant Chief, Bureau of Public Health Nursing, CSDPH, has been appointed to serve on the newly organized Committee on Research of the National League of Nursing.

Dr. Leon L. Gardner has resigned from the staff of the San Diego Department of Public Health because of ill health. He had been with the department for nine years as Chief of the Division of Preventive Medicine, and, during the last year, as Chief of the Bureau of Acute Communicable Disease Control. **Dr. Bertram E. Marks**, who had resigned a year ago, has returned to his former post of Chief of the Bureau of Acute Communicable Disease Control.

personnel, training and recruitment; and treatment of offenders.

Dr. Harold M. Erickson, Deputy Director of the State Department of Public Health; **Dr. Arnold D. Schwartz**, Chief of the Department's Mental Health Services; and **Mrs. Ann W. Haynes**, Chief of the Department's Bureau of Health Education are giving staff service to two of these sub-committees.

Poisonous Plants in California

Because of repeated inquiries received by the State Department of Public Health about poisonous plants, the following item has been adapted from an article from the Fresno Safety Council.

"There is enough poison in a 10-cent packet of castor-bean seeds to kill five children. One tulip bulb contains enough poison to kill a man. Sweet peas contain a poison that causes a form of paralysis. It is seldom fatal but it can keep a victim bedridden for months. There is a poison in 'elephant ears' that causes a painful swelling of the mucous membranes of the mouth, tongue and throat. 'Dumb cane' has that name because chewing the leaf can cause your mouth to swell to where speech is impossible. Even honey made by bees in an area grown with rhododendron and mountain laurel has been found to be poisonous."

Below is a list of poisonous cultivated plants. All except the sweet pea and the spider lily can be fatal if taken in quantities which a child might eat.

Plants	Poison Part
Elephant Ear.....	Any
Pimpernel.....	Any
Lily-of-Valley.....	Any
Jimson Weed.....	Any
Rhododendron.....	Any
Dumb cane.....	Any
Mountain Laurel.....	Any
Narcissus.....	Bulb
Spider Lily.....	Bulb
Tulip.....	Bulb
Cyclamen.....	Tuber
Four O'Clock.....	Root, seed
Spanish Bayonet.....	Root
Monkshood.....	Root
Iris.....	Underground stem
Ivy.....	Leaves
Oleander.....	Leaves
Burning Bush.....	Leaves
Foxglove.....	Leaves
Scotch Broom.....	Seed
Castor-Bean.....	Seed
Sweet Pea.....	Stem
Mock Orange.....	Fruit

"There is no reason, of course, to stop growing beautiful flowers just because some contain poison, but avoid the common habit of chewing on a bit of leaf or a stalk. Remember to tell youngsters that it is dangerous to put leaves or stems of plants into their mouths. Above all, don't store plant bulbs where children can get at them."

Public Health Positions

Alameda County

Assistant Health Officer: Salary range, \$1,048 to \$1,155. To direct the operations of a major program or geographic area. Requires California medical license plus three years' public health medical experience, or two years' experience and an MPH.

Chief Health Educator: Salary range, \$556 to \$676. Requires MPH plus three years of progressively responsible health education experience. Opportunity for close affiliation with School of Public Health, University of California, Berkeley.

Public Health Social Worker: Salary range, \$481 to \$584. To carry administrative and consultative responsibilities for social work services throughout the health department. Requires a master's degree in social work, plus three years' work experience, one of which was in public health.

Humboldt-Del Norte County

Public Health Nurse: Salary range, \$439-\$459, advance to second step after six months; county car furnished. Generalized program, including school nursing. Requires California PHN certificate.

Sanitarian: Salary range, \$439-\$459, advance to second step after six months; county car furnished. Generalized program. Requires California certification, preferably with one year's experience in a local health department sanitation program.

For either of the above positions contact L. S. McLean, M.D., Health Officer, Humboldt-Del Norte County Department of Public Health, P.O. Box 857, Eureka, California.

San Benito County

Director of Sanitation: Salary range, \$430-\$525. Suitably qualified person may start above first step. California Certificate of Registration and several years experience in public health required. Supervisory experience desirable. Contact Roswell L. Hull, M.D., Health Officer, Health Center Bldg., Hollister, Phone ME reury 7-5367.

San Bernardino County

Supervising Public Health Nurse: Salary range, \$483-\$587. In desert area, start \$532. Graduation from school of public health nursing, some formal training in theory and practice of supervision, and at least two years' experience as PHN required.

Medical Social Work Consultant: Salary range, \$483-\$587. Completion of two-year postgraduate social work course and either one year experience in hospital, clinic, or health department or two years' medical or psychiatric social work experience.

Public Health Nurse: Salary range, \$417-\$507. In desert, start \$460. California PHN certificate required.

Sanitarian: Salary range, \$417-\$507. In desert, \$460. California registration required.

For any of the above positions, contact County Personnel, Courthouse Addition, San Bernardino, California.

San Diego County

Public Health Analyst I: Salary range, approx. \$483-\$587, or **Public Health Analyst II:** Salary range, approx. \$587 to \$713. A new position is now open in the San Diego County Health Department. Responsibilities will include assisting with the planning and coordinating of the statistical activities, serving as the departmental technical consultant in methods development, and collecting, compiling and interpreting data.

If a Public Health Analyst I is appointed, a promotional opportunity will be offered as sufficient experience has been acquired to qualify as a Public Health Analyst II. Maximum age 54, county and state residence waived. Requirements: Bachelor's degree with major in statistics or related field. For Public Health Analyst I, at least one year's experience in public health statistical or biostatistical work; for Public Health Analyst II, at least three years such experience. One year of graduate study in public health statistics or biostatistics may be substituted for one year of experience for either position. For further information write Department of Civil Service and Personnel, Room 403, Civic Center, San Diego, California.

COMING EVENTS

February 21-24

California Medical Assn. 89th Annual Meeting, Los Angeles

February 23-25

California Conference of Local Health Officers, Los Angeles

March 6-10

California State Nurses' Assn. Annual Convention, Los Angeles

March 27-April 2

White House Conference on Children and Youth, Washington, D. C.

April 4-8

United States-Mexico Border Public Health Assn. 18th Annual Meeting, Hermosillo, Sonora

May 1-4

California Assn. for Health and Welfare, 49th Annual Meeting, Berkeley

May 15-19

National Tuberculosis Assn. Annual Meeting, Los Angeles

May 24-26

Western Branch, A.P.H.A. Annual Meeting, Denver

The first known printed work on dentistry in the English language was published in 1686 under the rather lengthy title of *The Operator for the Teeth, Showing How to Preserve the Teeth and Gums From All Accidents*. It was written by one Charles Allen, who described himself as "professor of the teeth."—*New Zealand's Health*, Vol. 11, No. 4.

